

50259363
**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		5				
5		8				
6		8				
7						
8						
9						
10	1		1			
11						
12						
13						
14						
15						
16	1		1			
17	1		1			
18	2		1			
19	1		1			
20	1		1			
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50						
TOTAL IND.			3			
TOTAL DEP.			19			
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						